



JAB & GAB



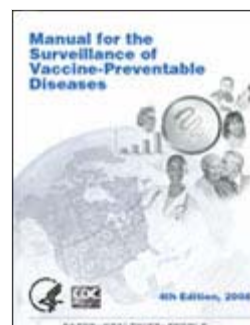
The Wyoming Immunization Program Newsletter

We are pleased to announce that the ***Manual for the Surveillance of Vaccine-Preventable Diseases, 4th Edition, 2008***, is now available on the internet at <http://www.cdc.gov/vaccines/pubs/surv-manual/>.

Please download this most current version for your toolkits. This manual is available only through this website and is no longer offered in a printed version. Offering the manual online keeps the manual as current as possible. As changes occur, the chapters will be replaced with updated versions. If you wish to be notified by email when this web page is updated and hence when appendices are added, please use the [Get Email Updates](#) link located at the top of the page.

The *Manual for the Surveillance of Vaccine-Preventable Diseases, 4th Edition, 2008* provides current guidelines for those directly involved in surveillance of vaccine-preventable diseases, especially personnel at the local health departments. For each of the vaccine-preventable diseases, this manual includes a chapter describing the importance of rapid case identification; the importance of surveillance; disease reduction goals; case definitions (including clinical description and case classifications); epidemiologically important data to be collected during case investigation; activities for enhancing surveillance; activities for case investigation; and activities for outbreak control. Other chapters include information on surveillance indicators; surveillance data analyses; reporting adverse events following vaccination; and enhancing surveillance.

Thank you for taking the time in your busy day to update your toolkits with this vital information.



Wyoming Department of Health

JAB & GAB

Volume 4, Issue 9
September, 2008

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***Don't forget to check your email for communication from us!**

FY!! The JAB & GAB is posted on the www.immunizewyoming.com website every month.



World of the Vaccine Office By Randy DeBerry

Reminder about Vaccine Ordering Timetable

A quick reminder to all WyVIP providers; the standard ordering date for vaccine orders is the second Thursday of the month. This is the **ONLY** day during the month in which orders are placed with the CDC. These orders are transmitted to CDC by 12:00 pm on the second Thursday of the month. Unfortunately, any request for special clinics that are received after this time cannot be honored. If you discover that you need additional vaccine after the order date/time deadline, the WyVIP program will make every attempt to try and meet your vaccine needs. However, please be advised, the vaccine will come via VACCINE TRANSFER, which may decrease the ability of program staff to locate all vaccines requested.

WyVIP Program Reducing Provider Inventory to a Two-Month Supply

The CDC has issued guidelines for all grantees for their providers to regularly have no more than an 8-week vaccine supply in their refrigerators and ordering pipeline, combined. The reasons for this change were discussed in depth in the August Jab & Gab. With this change coming into place, the importance of WyVIP providers notifying the program of extended vaccine needs via Special Clinic Order forms has increased, since you will not only have less vaccine in your refrigerator, but because there will also be less supply statewide for transfers if needed. As such, we ask that you please plan your special clinics accordingly and notify the program at least 1 month, preferably 6 weeks, in advance of extended vaccine needs so that we can order effectively.

2008-2009 Flu Vaccine is Coming Soon

The WyVIP program has been notified that it should start having flu vaccine available for shipment at some point in September. This, and all available flu vaccine this season, will first be distributed to clinics who pre-booked with the WyVIP program, and then to other clinics who have requested it on an as-available basis. We will be in contact with providers to make sure they have enough room in their refrigerators to house the quantities we are planning to ship before we ship them to providers. Please tune in to the WIP monthly teleconferences for flu updates, as well as watch for fax and e-mail updates from the Vaccine program.

A Very Important Requirement for All WyVIP Providers Who Will be Implementing PENTACEL Vaccine in September or in the Future By Andrea Clement-Johnson

Due to the complex factors associated with Pentacel, the Wyoming Immunization Program is hosting a 30-minute, clinical training teleconference with Joanna Briggs, RN, WIP Clinical Coordinator. All staff who will be administering Pentacel vaccine are encouraged to attend. **At least one clinical staff member who will be administering Pentacel is required to attend** in order to ensure understanding of the clinical requirements for administration. Attendees are asked to please share this information from the training session with office staff who are unable to attend. In the future, a recording may become available for additional staff training needs. Sessions will be offered at multiple times, on multiple days. You need only attend **one** of the sessions. Any additional sessions will be announced at a later date.

September sessions will be offered at the following times:

Thursday, September 11th- 10:00 a.m. to 10:30 a.m.
12:30 p.m. to 1:00 p.m.
5:00 p.m. to 5:30 p.m.

Wednesday, September 24th- 10:00 a.m. to 10:30 a.m.
12:30 p.m. to 1:00 p.m.
5:00 p.m. to 5:30 p.m.

Call-in information is as follows: 1-877-278-8686 Pass Code: 687555

Training materials are included with this month's newsletter and posted to our website at www.immunizewyoming.com. You **do not** need to pre-register and may call in for any of these sessions using the phone number and pass code. Verification of attendance will be faxed to your office following participation. If you have questions, please call Andrea Clement-Johnson at (307) 777-8981 or Joanna Briggs at (307) 673-8930. **Thank you** in advance for your cooperation in this essential training.

Immunizations are not just for kids!

Adult Immunization Awareness Week: September 21-27, 2008

Each year in the United States, more than 46,000 adults die from vaccine-preventable diseases or their complications. Immunizations not only protect us, but can also help reduce absences at work, school, and important events, as well as save money from the financial loss from those absences. If you administer adult vaccines, please remember to protect your patients during this and every week. As healthcare professionals, don't forget about protecting yourselves and your families by staying up-to-date on immunizations such as:

- Tetanus-Diphtheria-Acellular Pertussis (Tdap) Vaccine
- Influenza (Flu) Vaccine
- Pneumococcal Polysaccharide Vaccine (*People with chronic diseases and once after age 65 and as recommended by a physician*)
- Hepatitis A and B Vaccines
- Measles-Mumps-Rubella (MMR) Vaccine
- Varicella (chickenpox) Vaccine
- Meningococcal Vaccine
- Shingles Vaccine (*adults over the age of 60*)
- HPV vaccine (*females between 18 and 26*)

The Wyoming Vaccinates Important People (WyVIP) program, in partnership with the Viral Hepatitis program within the Department of Health, can provide **adult Hepatitis A, B and combination A/B** vaccines to our enrolled providers. These vaccines can be administered to adults not already immunized who are **at risk** for acquiring these diseases, at **NO COST** to Wyoming residents (with an allowable administration fee of up to \$14.31). If you would like more information on the adult vaccine program, please call us at 307-777-7952, or visit our website at www.immunizewyoming.com. Thank you for being a WyVIP provider!

Upcoming Events & Trainings in Health and Immunization By Andrea Clement-Johnson

September 11 and 24: Pentacel Clinical Training: No need to pre-register. Please see information on page 2 for details. Call-in information is as follows: 1-877-278-8686 Pass Code: 687555

September 16: WIP Monthly Teleconference: 12:15 p.m.-1:30pm. (rescheduled to accommodate the WPHA conference) Call in information 1-877-278-8686, Participant ID, 687555

September 17-19: Wyoming Public Health Association Annual Education Conference Best Western Ramkota, Casper, Wyoming. Website: <http://wyopha.org/>

September 21-27: Adult Immunization Awareness Week!

September 24: WIP Policy Training and Update: If interested in attending, please call Andrea at 307-777-8981 by September 23 to RSVP and to receive call-in information.

Continuous Effectively Addressing Parents' Concerns about Immunizations

Web recast is available at <http://www.cdc.gov/vaccines/ed/ciinc/2008June.htm> Continuing Education credits available.

Continuous Adolescent Immunization: A focus on the Next Generation Featuring Joseph Domachowski, MD and Thad Wilson, APRN, PhD. Web recast available at <http://adolimmondemand08.haymarketmedical.com> or by phone teleconference at 1-888-696-0738. Customer service support available at 1-866-330-7335.

Clinical Corner By Joanna Briggs, RN



****Public Health Nursing providers should consult with the state PHN office for final clinical direction***

As we go to school immunization season, I thought I would share some of general themes received.

- Children who have had one dose of **varicella** (and this age group would have received Varivax, which has been on the market for 12+ years) need to have a **second dose**. The WyVIP program authorizes the second dose for all children who have received only one dose of varicella vaccine. Those who have not had the disease need to get 2 doses. Remember, for children under 13 years old, the 2 doses are separated by 3 months. Those 13 and older can be separated by 1 month.
- **Menactra** is for all children 11 years and older and is highly encouraged but not required. **MCV4** (Menactra) is supplied by WyVIP for all children up to their 19th birthday.
- If **HPV** is started at less than 19 years of age with WyVIP supplied vaccine, the series can be completed after young women have turned 19 years of age with WyVIP supplied vaccine. Remember, HPV vaccine is not to be given if a patient is pregnant or there is a possibility that a woman may get pregnant soon after. There are no safety studies for HPV in pregnancy. Should pregnancy occur, stop the series, report the incident to 1-800-986-8999, and finish the remaining doses following the delivery. Use your screening questionnaire, which is required by law and is a best immunization practice.
- When vaccines are missing and no records exist, or are unavailable, vaccinate to meet the clinical requirements. Please do what you can to locate those missing records, as unnecessary vaccination incurs a stress for the child and stress to the vaccine budget here at WyVIP.
- **VIS statements are now available in 36 languages.** A VIS should be available in any language your patient needs. No patient should receive vaccinations or leave your office without a Vaccine Information Statement. See Jan Bloom's article in the August J&G for more information on this federal requirement.

Under the Clinical Section on the webpage at www.immunizewyoming.com, I have posted information from the Immunization Action Coalition. These might be helpful when discussing vaccine preventable disease and vaccines with parents and staff.

Vaccine Concerns

Thimerosal and Autism

MMR Does Not Cause Autism

Thimerosal Timeline

What Vaccines Are Needed When You Have Hep C

What If You Don't Immunize Your Child?

Hepatitis A, B, C - Know the Difference

Pentacel

Due to the complex aspects of the newly, and quickly, introduced Pentacel vaccine implementation, at least one staff member who will be administering Pentacel vaccine will be required to attend one clinical training with me. All clinical staff who administer Pentacel vaccine are encouraged to attend the training, but at least one designee must attend. There is no need to pre-register for this training. Please see page 2 of this newsletter for more details.

I'm on Vacation

I will be on vacation until September 8th. Dr. Bush will cover private provider **clinical calls** and he may be reached at 777-7245. All other WyVIP calls for me may call to the main line at 777-7952. PHN offices should contact Lisa Lucas or Tom Henry, as usual, for all clinical calls.

FLU

Influenza VIS statements are once again enclosed as **inserts** this month. LAIV is approved for people from 2 through 49 years of age, who are not pregnant, and/or do not have certain health conditions. The recommendation for inactivated influenza vaccine is for all children 6 months through 18 years of age.

LAIV and Inactivated Flu vaccine guidelines clearly state, "Most people need one dose of influenza vaccine each year. **Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose** – should get **2 doses**, at least 4 weeks apart, to be protected.



Get WylR'd!
by John
Anderson

Version Upgrade – V4.3.1.2

Since we upgraded to the latest version in late July, we have had relatively few calls regarding functionality of the system, which is always a good sign that the upgrade was relatively seamless for most users. I encourage all users to access the version changes upon as noted in the User Manual as updated on our website. A few of the changes were developed out of the consortium of users that have the same system for their state, as well as ideas developed from our users of the WylR. As always, thanks for all of the suggestions to improve the WylR, and feel free to contact the staff to offer further ideas on system improvement.

New Contract, new functionalities...

Our contract with our software vendor is renewed, and we have found a partner in Public Health and Emergency Preparedness Program (PHEP) to help pay for some functionalities that we would not have been able to afford otherwise. Much thanks to PHEP for the financing to improve the functionality of the WylR. Of the new functionalities available to the WylR in the new contract:

Mass Immunizations Stand Alone

While we detail how to have an electronic searchable "backup file" of immunization records in the WylR User Guide, we realize that this will not necessarily assist in the data collection in the event of a bio-terror attack or pandemic flu outbreak. This thumb drive application will allow the remote collection of an immunization event if internet access is not available at the time of vaccine administration. Once populated, the end user simply uploads the data to the WylR, where it will then undergo a deduplication process to ensure accuracy of imported data. This tool gives us more flexibility to respond appropriately in the event of an emergency situation.

Management Reports Module – GIS capabilities

One of the twelve functional standards of an immunization registry is the ability to produce detailed geographic reports. Until now, we have been amiss of this standard due to monetary constraints. With assistance from the PHEP, we have acquired the ability to produce Geographic Information Systems level mapping regarding numerous variables by area, such as immunization rates, expiring vaccines, etc.... We are excited regarding this new functionality, and look forward to presenting it to you in the very near future.

Completion of Interface Development

With the Revival Contract in place, we eagerly await the completion of interface development for the seven participating offices. We will let all know about the outcome once complete. Also, we will continually look for other funding sources to assist in interface development from other interested parties. If your office currently has an Electronic Medical Record (EMR) System, and is using the WylR, and would like to not to do duplicate data entry, please contact us and let us know you are interested. We will place you on a waiting list to move forward once additional funding is acquired.

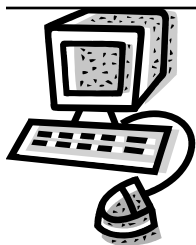
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Laptops for WylR Users

We are working with the Department of Health (DOH) Information Technology (IT) program to retrofit some laptops with improved memory so that we may be able to loan them to users of the WylR to enhance the clinical flow for their patients. With the assistance from DOH IT, we upgraded over 20 laptops with improved RAM, with more to follow for the Public Health Nursing Offices. We hope that these upgrades will continue to enhance the efficiency of vaccination delivery for your office. Ideally, they would be in the room with each patient to research their history on the WylR in order to produce an accurate forecast prior to administration of vaccine(s), as well as immediately enter data for the patient receiving a vaccination. We already have a couple of names on the waiting list, so if your office would like to take advantage of this opportunity, please do not hesitate to contact us at your convenience.

Working on version testing for V4.4.1...

As for the next targeted version (V4.4), we are still working on getting a secure certificate for our test environment so that it can be housed on a server based environment. This configuration change will allow us to login remotely to access the system to see if things behave differently than on a desktop environment. With the assistance from our WylR Trainer, Lisa Wordeman, V4.4 is undergoing the review of the same test scripts that STC goes through prior to release. Once we are able to acquire a secure server certificate, we can open up the testing process for live users of the system. Please, let us know if you would like to participate in this testing process – you may learn more about the WylR than you ever wanted to know!



WylR Room by Lisa Wordeman

It's been 40 days! As you may have discovered, your WylR password expires every 40 days and when you log in, you'll be asked to select a new password. Just a reminder; your password must be at least six characters long and contain at least one number. For security reasons, please do not save your password on your computer. We know it can be tedious to change your password often, but we appreciate your continued efforts to maintain the confidentiality and security of the Wyoming Immunization Registry.

Don't forget to call our Help Desk at 1- 800-599-9754 if you have any questions or have any password trouble—I'm here to help!

Top Vaccines Administered by WylR Users in July 2008

Vaccine Type	# of Doses	% of Total
Pneumococcal (PCV7)	1403	11.27
Hib	1146	9.21
Hep A- Ped/Adol	1103	8.86
Varicella	1086	8.72
DTaP	956	7.68
DTaP/Hep B/IPV	917	7.37
MMR	853	6.85
HPV, quadrivalent	701	5.63
Rotavirus	616	4.95
IPV	609	4.89



Shining Stars!

By Lily Valdez

WyVIP thanks the following providers for submitting their **July reports** correctly and by the **2nd business day of August**.

ABC Pediatrics
Albany Co PHN
Alpha Family Medicine
Alpine Family Medical Clinic
Arapahoe Health Center
Babson & Associates of Primary Care
Big Horn Clinic
Big Horn Co PHN-Greybull
Big Horn Co PHN-Lovell
Big Horn Pediatrics
Billings Clinic - Cody
Bridger Valley Family Practice
Brown, Craig, MD
Campbell Co Memorial Hospital
Campbell Co PHN
Carbon Co PHN-Rawlins
Carbon Co PHN-Saratoga
Casper Natrona Co Health Dept
Castle Rock Medical Center
Cesko Family Medicine
Cheyenne Family Medicine
Cheyenne Health & Wellness Center
City Co Health Dept - Cheyenne
CHCCW
Converse Co PHN
Crook Co PHN
Evanston Pediatrics
Evanston Regional Hospital
Family Care Clinic, LLC

Family Medical Care
Family Medical Center
Fisher, Carol A., MD
Fremont Co Pediatric Clinic
Fremont Co PHN - Lander
Fremont Co PHN-Riverton
Goshen Co PHN
Granum, Michael J., MD
Hot Springs Co PHN
Hunter Family Medical Clinic, PC
Johnson Co PHN
Laramie Childrens Clinic
Laramie Pediatrics
Lincoln Co PHN-Afton
Lincoln Co PHN-Kemmerer
Memorial Hospital of Carbon Co.
Memorial Hospital of Sweetwater Co.
Moorcroft Clinic
Myers, Harlen, MD
Niobrara Co PHN
Noyes HealthCare Center
Oregon Trail Rural Health Clinic
Park Co PHN-Cody
Park Co PHN-Powell
Pediatric and Adolescent Clinic, Inc
Platte Co PHN
Platte Valley Medical Clinic
Pockat, Tom, MD
Quinn, Michael J., MD-FAAP
Rawlins Family Medical

Red Rock Family Practice
Riverton Community Health Center
Rock Springs Family Practice, Inc
Sheridan Co Comm. Health
St. John's Medical Center
Star Valley Family Physicians
Sublette Co PHN
Sublette Co RHC – Big Piney
Sublette Co RHC - Pinedale
Sweetwater Co Comm. Nursing Svcs-
Green River
Sweetwater Co Comm. Nursing Svcs-
Rock Spgs
Sweetwater Medical Group
Sweetwater Pediatrics, PC
Teton Co PHN
The Family Clinic, LLC
Thomas, Jennifer, MD, PC
Total Family Health, PC
Tri-County Medical Center
Uinta Co PHN-Evanston
Uinta Co PHN-Lyman
Urgent Care of Jackson Hole
UW Student Health
Washakie Co PHN
Western Family Care
Western Medical Associates, LLC
Weston Co PHN
Wind River Pediatrics
Women's Health Center

By submitting their monthly reports correctly and by the 2nd business day of the month for **three months**, the following providers have achieved the **Good Job! Award** (stress ball push pen).

Health Care for the Homeless
Howard Medical Clinic

The following providers have submitted their monthly reports correctly and by the 2nd business day of the month, for **six months**, and have achieved the **Excellent! Award** (happy highlighter).

Banner Medical Clinic
Bennett, Michele L., MD, PC
Cedar Hills Family Clinic
Cheyenne Children's Clinic
Ellbogen, David A., MD
Emerg-A-Care
Engle, Deeanne, MD
Fremont Family Practice
FT Washakie Health Center

Green, Richard D., MD
Ivinson Memorial Hospital, Nursery
Kurt S. Johnson, MD, PC
Lander Medical Clinic
Lander Regional Hospital
North Big Horn Hospital - Clinic
Region V Boces
Riverton Memorial Hospital
Star Valley Medical Center

South Lincoln Medical Center
South Sheridan Medical Center
Sheridan Memorial Hospital
UW Family Practice
Woodward, Drew, MD, PC
Willow Creek Family Medicine
Wagon Circle Medical Clinic



September 2008



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <i>Labor Day- Office Closed</i>	2	3 Monthly Reports Due	4	5	6
7	8	9	10	11 Pentacel Clinical Training	12	13
14	15	16 WIP Monthly Tele Conference	17	18	19	20
21 <i>Adult Immunization Awareness Week</i>	22 <i>Adult Immunization Awareness Week</i>	23 <i>Adult Immunization Awareness Week</i>	24 WIP Policy Training Pentacel Clinical Training	25 <i>Adult Immunization Awareness Week</i>	26 <i>Adult Immunization Awareness Week</i>	27 <i>Adult Immunization Awareness Week</i>
28	29	30				

Important Dates in September

September 3: ALL monthly reports due:

- Doses Administered Forms
- Inventory Forms
- Temperature Logs

• A REMINDER! The Doses Administered Reports you send in are the basis for replenishing your vaccine orders. If you have **Special Clinic Order forms, flu doses administered, transfer of vaccine forms and/or preference forms**, please send them at this time as well.

September 11 and 24: Pentacel Clinical Training: Please see page 2 of this month's newsletter for more information.

September 16: WIP Monthly Teleconference: 12:15 p.m.-1:30pm. (rescheduled to accommodate the WPHA conference) Call in information 1-877-278-8686, Participant ID, **687555**.

September 24: WIP Policy and Procedure Training, Please RSVP to Andrea by September 23 for call in information if interested in participating. (307) 777-8981.

Some important reminders about WyVIP:

- The maximum administrative fee your office may charge for WyVIP vaccine is **\$14.31** per shot.
- Vaccine nearing expiration must be reported to our office within 60 days of expiration.
- An up-to-date **emergency plan** for relocating vaccine in the event of power failures must be available in your offices.
- A primary and **secondary** immunization staff contact are necessary for each office.
- All Vaccine Information Statements (VIS) must be given PRIOR to administration of any vaccine.
- Please read the WyVIP policy packet and other available policies and procedures posted at www.immunizewyoming.com

Guidance on the use of Pentacel and Pediarix August 2008

Pentacel is a combination vaccine that contains DTaP, IPV and Hib vaccines. Pentacel is supplied as single-dose vials, 5 doses to a package. A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHib vaccine. The vaccine must be kept at refrigerator temperature (35°-46° F) at all times. Pentacel must never be frozen. Vaccine exposed to freezing temperature must not be used.



IMPORTANT NOTE:

The availability of Pentacel will improve the Hib vaccine supply situation in the United States. However, the availability of Pentacel is not sufficient to reinstate the last (booster) dose of the Hib vaccine series (i.e., the dose administered after the first birthday). Although Pentacel is licensed by FDA for the fourth dose in the DTaP, IPV and Hib series, providers should NOT use it for the fourth dose until there is further improvement in the Hib vaccine supply (anticipated for the last quarter of 2008). **Until the Hib supply improves Pentacel should be used ONLY for the first three doses of the DTaP, IPV, and Hib vaccination series, except as noted below.**

As with all combination vaccines, there are no special rules for Pentacel, except as determined by FDA licensure of the product (i.e., the maximum age for any dose-see below). The schedule, minimum intervals, and minimum ages are determined by the individual components. The recommended schedule for Pentacel is similar to those for DTaP and ActHib with doses at 2, 4, 6, and 15 through 18 months of age.

Pentacel can be administered to any child 6 weeks through 4 years of age, without a contraindication to any component, for whom DTaP, IPV, and Hib vaccines are indicated. As stated on the childhood immunization schedule, **a combination vaccine, including Pentacel, may be used whenever any component(s) of the combination is indicated and no other component of the vaccine is contraindicated.** This means that Pentacel can be used when a child needs one or two components, but does not need the others.

Contraindications and precautions for Pentacel are the same as those for DTaP, IPV, and Hib vaccines.

The following minimum ages and intervals are defined for the component vaccines in various ACIP statements, and in particular in Table 1 of the 2006 version of the *General Recommendations on Immunization* (<http://www.cdc.gov/mmwr/PDF/rr/rr5515.pdf>, page 3) and on page 31-32 of the 2006 AAP *Red Book*.

Parameter	Age/interval
Minimum age for any dose	6 weeks
Minimum interval for doses 1 and 2	4 weeks
Minimum age for dose 2	10 weeks
Minimum interval for doses 2 and 3	4 weeks
Minimum age for dose 3	14 weeks
Minimum interval for dose 3 and 4	6 months (determined by DTaP component; minimum interval for dose 3-4 is two months for Hib and four weeks for IPV)
Minimum age for dose 4	12 months (determined by DTaP and Hib components). Note that both the minimum interval AND age must be met for the fourth dose of DTaP or Hib (as Pentacel or any other formulation) to be counted as valid
Maximum age for any dose	4 years, 364 days (i.e., do not administer at age 5 years or older)

Please refer to the tables below for guidance on schedules for Pentacel, Pediarix and the single antigen series for Hep B, Hib, IPV DTaP for healthy children* during the Hib vaccine shortage.

Examples of Schedules Using Pentacel and/or Pediarix for Healthy Children* During the Hib Shortage

The first two tables below provide examples of how to introduce Pentacel in your practice using two different schedules. The second two tables review the schedules for the single antigen and Pediarix series for Hep B, IPV, Hib and DTaP.

Schedule for Hep B, Hib*, IPV, and DTaP Using Pentacel for All Doses

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
				DTaP	DTaP
					IPV
	Pentacel	Pentacel	Pentacel		

Schedule for Hep B, Hib*, IPV, and DTaP Using Pentacel For First Dose Only and Pediarix for Remainder of Doses

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B				
		Hib	Hib		
				DTaP	DTaP
					IPV
	Pentacel				
		Pediarix	Pediarix		

Schedule for Hep B, Hib*, DTaP and IPV Without Pentacel or Pediarix

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B	Hep B		Hep B		
	Hib	Hib	Hib		
	DTaP	DTaP	DTaP	DTaP	DTaP
	IPV	IPV	IPV		IPV

Schedule for Hep B, Hib*, IPV, and DTaP Using Pediarix Only (No Pentacel)

Birth	2 mos.	4 mos.	6 mos.	15-18 mos.	4-6 years
Hep B					
	Hib	Hib	Hib		
				DTaP	DTaP
					IPV
	Pediarix	Pediarix	Pediarix		

Pentacel contains DTaP, IPV and Hib. Pediarix contains DTaP, IPV, and Hep B

Neither Pentacel nor Pediarix should be used prior to 6 weeks of age. In general ACIP recommends the same brand of DTaP be used for all doses of the series. However, different brands can be used if the providers does not know or have available the brand of DTaP used for prior doses.

*When supplies are sufficient an additional dose of Hib vaccine (single antigen or as part of a combination vaccine) is recommended for healthy children at 12 through 15 months of age (at least 2 months after the prior dose). Either Pentacel or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed a complete primary Hib schedule. If Pentacel is administered at 12 through 15 months of age a dose of DTaP at 15 through 18 months of age is not needed. See *MMWR* 2007;56(No.50):1318-1320 for additional details.

Questions or comments on this document should be directed your state or local immunization program, or to CDC by e-mail at nipinfo@cdc.gov.

Returning Recalled Hib:

If you have any remaining doses of recalled lots of Pedvax® or Comvax® vaccines in your offices, please make arrangements for return of those doses to Stericycle as soon as possible. Since all of the doses that were voluntarily recalled by Merck still have viable expiration dates, it's very important that those doses are removed from inventory to prevent inadvertent administration. Below is a table of the lot numbers that were voluntarily recalled in December.

PRODUCT DESCRIPTION	LOT #	EXP. DATE
PedvaxHIB®	0677U	11 January 2010
PedvaxHIB®	0820U	12 January 2010
PedvaxHIB®	0995U	16 January 2010
PedvaxHIB®	1164U	18 January 2010
PedvaxHIB®	0259U	17 October 2009
PedvaxHIB®	0435U	18 October 2009
PedvaxHIB®	0436U	19 October 2009
PedvaxHIB®	0437U	19 October 2009
PedvaxHIB®	0819U	09 January 2010
PedvaxHIB®	1167U	10 January 2010
COMVAX®	0376U	05 January 2010
COMVAX®	0377U	08 January 2010

For instructions on returning the recalled doses please call Stericycle's Call Center at 1-800-668-4391.

Guide to Contraindications and Precautions to Commonly Used Vaccines

Vaccine	Contraindications	Precautions ¹
Hepatitis B (HepB)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Infant weighing less than 2000 grams²
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Immunosuppression Preexisting gastrointestinal disease Previous history of intussusception
Diphtheria, tetanus, pertussis (DTaP)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, and prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy: defer DTaP until neurologic status clarified and stabilized 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Temperature of 105° or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP or DTaP Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP Seizure within 3 days after receiving a previous dose of DTP/DTaP³ Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine History of Arthus-type hypersensitivity reactions following a previous dose of tetanus toxoid-containing vaccine: defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
Tetanus, diphtheria (DT, Td)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine History of Arthus-type hypersensitivity reactions following a previous dose of tetanus toxoid-containing vaccine: defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
Tetanus, diphtheria, pertussis (Tdap)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, and prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine Progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized History of Arthus-type hypersensitivity reactions following a previous dose of tetanus toxoid-containing vaccine: defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
<i>Haemophilus influenzae</i> type b (Hib)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Age younger than 6 weeks 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Inactivated poliovirus vaccine (IPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Pregnancy Moderate or severe acute illness with or without fever
Influenza, injectable trivalent (TIV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS within 6 weeks of previous TIV
Influenza, live attenuated (LAIV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Pregnancy Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy⁴; or patients with HIV infection who are severely immunocompromised) Certain chronic medical conditions⁵ 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS within 6 weeks of previous influenza vaccination



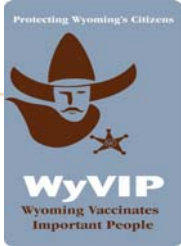
Adapted from "Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006; 55(No. RR-15).

Guide to Contraindications and Precautions to Commonly Used Vaccines (continued)


Vaccine	Contraindications	Precautions ¹
Pneumococcal (PCV or PPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)⁶	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Pregnancy Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy⁴; or patients with HIV infection who are severely immunocompromised) 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷ History of thrombocytopenia or thrombocytopenic purpura
Varicella (Var)⁶	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Substantial suppression of cellular immunity Pregnancy 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁷
Hepatitis A (HepA)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Pregnancy
Human papilloma-virus (HPV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever Pregnancy
Meningococcal, conjugate (MCV4)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS (if not at high risk for meningococcal disease)
Meningococcal, polysaccharide (MPSV)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Zoster (Zos)	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component Primary cellular or acquired immunodeficiency, including leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system; AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤ 200 per mm³ or $\leq 15\%$ of total lymphocytes; current immunosuppressive therapy⁴; clinical or laboratory evidence of other unspecified cellular immunodeficiency; receipt of recombinant hematopoietic stem cell transplantation; current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept Pregnancy 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever

Footnotes

- Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
- Hepatitis B vaccination should be deferred for infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month. For infants born to HBsAg-positive women, hepatitis B immunoglobulin and hepatitis B vaccine should be administered at or soon after birth, regardless of weight.
- Acetaminophen or other appropriate antipyretic can be administered to infants and children with a history of previous seizures at the time of DTaP vaccination and every 4 hours for 24 hours thereafter to reduce the possibility of postvaccination fever (Source: American Academy of Pediatrics. *Red Book: Report of the Committee on Infectious Diseases*, 2006: page 512).
- Substantially immunosuppressive steroid dose is considered to be 2 weeks or more of daily receipt of 20 mg or more (or 2 mg/kg body weight or more) of prednisone or equivalent.
- For details, see CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/pubs/ACIP-list.htm.
- MMR and varicella vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by at least 28 days.
- For details, see CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/pubs/ACIP-list.htm.


Pentacel Training September, 2008
Wyoming Department of Health
Joanna Briggs, RN
Clinical Coordinator – Immunizations




Let's take a look

Guidance on the use of Pentacel and Pediarix
August 2008


Pentacel is a combination vaccine that contains DTaP, IPV and Hib vaccines. Pentacel is supplied as single-dose vials, 5 doses to a package. A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB vaccine. The vaccine must be kept at refrigerator temperature (35°-46° F) at all times. Pentacel must never be frozen. Vaccine exposed to freezing temperature must not be used.






Pentacel

- **A single-dose vial of liquid DTaP-IPV vaccine is used to reconstitute a single-dose vial of lyophilized ActHIB vaccine.**
- **This reconstitution vial (DTaP-IPV) is not interchangeable with single antigen ActHIB diluents.**
- **Pentacel contains DTaP, IPV and Hib. Pediarix contains DTaP, IPV, and Hep B. Neither Pentacel nor Pediarix should be used prior to 6 weeks of age.**




Combination DTaP, IPV, Hib

- Until the Hib supply improves Pentacel should be used **ONLY** for the first three doses of the DTaP, IPV, and Hib vaccination series, except as noted below.
- As with all combination vaccines, there are no special rules for Pentacel, except as determined by FDA licensure of each antigen.
- Pentacel can be administered to any child 6 weeks through 4 years of age, without a contraindication to any component, for whom DTaP, IPV, and Hib vaccines are indicated.




Parameter Age/Interval

- Min age** for any dose • 6 weeks
- Min interval** for doses 1 and 2 • 4 weeks
- Min age** for dose 2 • 10 weeks
- Min interval** for doses 2 and 3 • 4 weeks
- Min age** for dose 3 • 14 weeks
- Min interval** for dose 3 and 4 • 6 months
- Min age** for dose 4 • 12 months – (both age & interval need met for 4th dose to be valid)
- Max age** for any dose • 4 yrs & 364 days



- In general ACIP recommends the same brand of DTaP be used for all doses of the series. However, different brands can be used if the providers does not know or have available, the brand of DTaP used for prior doses.
- When supplies are sufficient an additional dose of Hib vaccine (single antigen or as part of a combination vaccine) is recommended for healthy children at 12 through 15 months of age (at least 2 months after the prior dose).
 - Either Pentacel or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed a complete primary Hib schedule.
- If Pentacel is administered at 12 through 15 months of age a dose of DTaP at 15 through 18 months of age is not needed.



HIB


Content to your health

The difference between ActHIB and PedvaxHib schedules

- PedvaxHib the primary schedule is 2 doses at least 4 week apart, prefer 8 weeks apart, but no earlier than 6 weeks of age.
- ActHIB primary schedule 3 doses, 4 weeks apart and prefer 8 weeks apart and no earlier than 6 weeks of age.

Booster at 12 to 15 months with either ActHIB or PedvaxHIB regardless if it was an ActHIB or PedvaxHIB for the primary schedule.

If vaccines manufacturers are interchanged, then 3 doses constitutes a series.



Risk Factors


Content to your health

A. Exposure

- Household crowding
- Large household size
- Children in daycare
- Lower socioeconomic factors
- Lower parental education
- School age siblings

B. Host


- Native American, African American & Hispanics
- Chronic disease - Sickle cell, Antibody deficiencies, Malignancies
- Gender – higher for males



High Risk Definitions

Content to your health

- **Children at increased risk for Hib include:**
 - Sickle cell disease
 - Leukemia and malignant neoplasms,
 - HIV and certain other immunocompromising conditions
 - Asplenia
 - American Indian and Alaska Native children.
 - Additional information for providers who serve American Indian and Alaska Native children – <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm56d1219a1.htm>

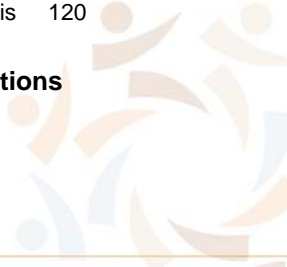


Wyoming
Department
of Health
Care and to your health.

This and That

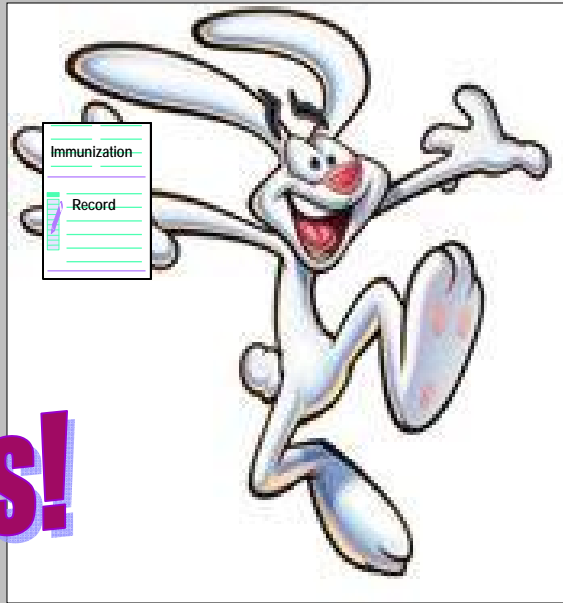
The Pentacel CPT Code is 90698
CVX Code is 120

Questions



SILLY RABBIT!

**Vaccines
Are NOT
just for kids!**



- Adults need vaccine protection against influenza, whooping cough, and other diseases.
- Ask your healthcare provider if you need any vaccines as part of a healthy adulthood!

**No TRICKS here...
Ask About Adult Immunizations!**

*Adult Immunization Awareness Week:
September 21-27, 2008*

Adult Immunization

WYVIP 2008-2009 INFLUENZA CAMPAIGN ITEMS REQUEST FORM:

ITEMS ON HAND		HOW MANY REQUESTED	PERSON REQUESTING	PHONE NUMBER & E-MAIL	CLINIC and PIN#
FLU BUG PREVENTION POSTER					
FLU BUG CLINIC POSTER					
FLU BUG STICKERS					
FLU BUG MIRROR CLINGS					
FLU BUG WINDOW CLINGS					
FLU BUG TISSUES					
FLU BUG BUTTONS					
T-SHIRTS PROMOTING FLU PREVENTION (LIMIT of requesting 10 SHIRTS: Intended for clinical staff; must commit to being worn weekly and during flu clinics between October and March)		PLEASE LIST SIZE REQUESTS			
VACCINE INFORMATION STATEMENTS (FLUMIST)					
VIS (FLUMIST-SPANISH)					
VACCINE INFORMATION STATEMENTS (INJECTION)					
VIS (INJECTION-SPANISH)					
FLU CONSENT TO ADMINISTRATION FORM (Injection-only)					
FLU CONSENT TO ADMINISTRATION FORM (Injection-only, Spanish)					
FLU ADMINISTRATION GUIDES FOR THOSE ADMINISTERING VACCINE (INDEX-SIZED)					
CDC FLU VACCINE PROMOTIONAL FLIERS					
OTHER: PLEASE LIST ITEM(S) WIP MAY ASSIST WITH DEVELOPING	PLEASE DESCRIBE:				

*Please note: This is a “wish list” for your campaign and clinic materials. Though WIP will make every effort to accommodate your requests, large quantities may not be available.

All items are available while supplies last. Please e-mail completed list to andrea.clement-johnson@health.wyo.gov OR fax to (307) 777-3615, attn: Andrea **BY SEPTEMBER 5th, 2008. Items will be sent to your offices as they become available. You may make secondary requests throughout the flu season to request any remaining items that we may have available.

THANKS!



Hello WyVIP Providers,

The influenza season is almost here! We know that many of you will be hosting regular and/or mass immunization flu clinics for your patients and the public. That said, we are asking you to please complete the information below and fax or e-mail one of these forms back to our offices so that we may post the information on our website and answer any questions about where people may go to receive flu vaccines during the 2008-09 season (if multiple **mass** clinics are planned, please complete a form for each of these). We would like information about your flu clinics regardless of whether you are using WyVIP vaccines, private vaccines, or a combination of both. Additionally, this information is for all WyVIP providers to share, and not just those who have pre-booked vaccines with us since the intention is to **promote all flu vaccine clinics** this season. If you have any questions, please call Andrea at 777-8981 or email her at andrea.clement-johnson@health.wyo.gov. THANK YOU very much!

Clinic Name: _____ **City & County:** _____

Phone: _____ **Contact name:** _____ **PIN:** _____

Date of Influenza clinic (i.e. November 15, OR Every Thursday beginning with a specified date and ending with a specified date, etc.): _____

Hours of clinic operation: _____

Location of clinic (please enter full address): _____

Is this a mass clinic or a regularly occurring clinic? _____

What ages will be served at your clinic (check all that apply):

____ Babies and toddlers up to age 3 ____ Children aged 3 to 18 ____ Adults 18 and older

Is this clinic (check one): ____ Open to the public ____ Open only to your patients

Is this clinic (check one): ____ Available by- walk-in ____ Available by appointment only ____ Either

Fee for the administration of the vaccine (enter amount(s) here), i.e. \$10 for children under 18, \$30 for adults 19 and older, etc.): _____

Sliding fee scale available? ____yes ____no

Will insurance billing be available? ____yes ____no **If yes**, please enter the plans which will be honored for the clinic (i.e. Great West, Medicaid, any, etc.): _____

****For mass events, please complete a form for each event as they become scheduled. Please fax completed forms to 307-777-3615, attention Andrea OR email to andrea.clement-johnson@health.wyo.gov**

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. Inactivated (killed) vaccine, or the “flu shot” is given by injection into the muscle. **2. Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- **All children** from 6 months through 18 years of age.
- **Anyone 50 years of age or older.**

*Anyone who is **at risk of complications from influenza, or more likely to require medical care:***

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

*Anyone who **lives with or cares for people at high risk for influenza-related complications:***

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers of**
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities, or under other crowded conditions**, to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others.**

4 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/flu



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea, and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils. 2. **Inactivated** influenza vaccine, sometimes called the “flu shot,” is given by injection. *Inactivated influenza vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts up to a year.

LAIV does not contain thimerosal or other preservatives.

3 Who can get LAIV?

LAIV is approved for **people from 2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below). Influenza vaccination is recommended for people who can spread influenza to others at high risk, such as:

- **Household contacts and out-of-home caregivers** of children up to 5 years of age, and people 50 and older.
- Physicians and nurses, and family members or anyone else in **close contact with people at risk** of serious influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services**.
- People living in **dormitories, correctional facilities**, or under other crowded conditions, to prevent outbreaks.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others**.

4 Some people should *not* get LAIV

LAIV is not licensed for everyone. The following people should get the **inactivated** vaccine (flu shot) instead:

- **Adults 50 years of age and older or children between 6 months and 2 years of age.** (Children younger than 6 months should not get *either* influenza vaccine.)
- Children younger than 5 with asthma or one or more episodes of **wheezing** within the past year.
- People who have **long-term health problems** with:
 - heart disease
 - kidney or liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a **weakened immune system**.
- Children or adolescents on **long-term aspirin treatment**.
- **Pregnant women.**

Tell your doctor if you ever had **Guillain-Barré syndrome** (a severe paralytic illness also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.

The flu shot is preferred for people (including health-care workers, and family members) in **close contact with anyone**

who has a severely weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit). People in close contact with those whose immune systems are less severely weakened (including those with HIV) may get LAIV.

Anyone with a **nasal condition** serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

Some people should talk with a doctor before getting *either* influenza vaccine:

- Anyone who has ever had a **serious** allergic reaction to **eggs** or another vaccine component, or to a **previous dose** of influenza vaccine. LAIV also contains **MSG, arginine, gentamicin, and gelatin**.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

5 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting it in December, or even later, will still be beneficial most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year.

Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

LAIV may be given at the same time as other vaccines.

6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine *can* cause mild symptoms in people who get it (see below).

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

These symptoms did not last long and went away on their own. Although they can occur after vaccination, they may

not have been caused by the vaccine.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Millions of doses of LAIV have been distributed since it was licensed, and no serious problems have been identified. Like all vaccines, LAIV will continue to be monitored for unusual or severe problems.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/flu



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Vaccine Information Statement
Live, Attenuated Influenza Vaccine (7/24/08) 42 U.S.C. §300aa-26